

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN FUTURE FUND

(b) Address (number and street)

4225 FLEUR DRIVE #142

☐ check if different than previously reported

(c) City, State and ZIP Code

DES MOINES

IA

50321

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001028

### 3. Is This Statement

☐

New

or

☒

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

(b) Communication Title

ADJOURN

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive, #142

(c) City, State and ZIP Code

Des Moines

IA

50321

(d) Name of Employer or Principal Place of Business

self - employed

(e) Occupation

farmer

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

146516.63

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE Electronically Filed by Sandy Greiner

DATE 03/11/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Sandy Greiner	<b>Transaction ID :</b> F91.000001	
	(b) Address (number and street) 4225 Fleur Drive #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business self - employed	(e) Occupation farmer	
<b>B.</b>	(a) Name Barbara Smeltzer	<b>Transaction ID :</b> F91.000002	
	(b) Address (number and street) 4225 Fleur Drive, #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business University of Dubuque	(e) Occupation Student Advisor	
<b>C.</b>	(a) Name Cord Overton	<b>Transaction ID :</b> F91.000003	
	(b) Address (number and street) 4225 Fleur Drive, #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business NA	(e) Occupation Student	
<b>D.</b>	(a) Name Katherine Polking	<b>Transaction ID :</b> F91.000004	
	(b) Address (number and street) 4225 Fleur Drive, #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business NA	(e) Occupation Student	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services <hr/> Mailing Address of Payee 600 Fairmount Ave, Ste 306 <hr/> City State Zip Code Towson MD 21286 <hr/> Name of Employer Occupation				Date of Disbursement or Obligation <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">74334.00</div> Communication Date <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Transaction ID :</b> F93.000001				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	1	0	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0				
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Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement (ADJOURN)																																																			
Name of Federal Candidate Bruce Braley		Office Sought:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IA		District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																									
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<b>B.</b> Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings <hr/> Mailing Address of Payee 1850 M Street NW, Ste 235 <hr/> City State Zip Code Washington DC 20036 <hr/> Name of Employer Occupation										Date of Disbursement or Obligation <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9647.30</div> Communication Date <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Transaction ID :</b> F93.000002		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
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<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....										<div style="border: 1px solid black; padding: 2px; text-align: right;">83981.30</div>																																									
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)										<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>																																									

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y  1 0 / 1 9 / 2 0 1 0 </div>	
Mailing Address of Payee 600 Fairmount Ave, Ste 306				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 62535.33 </div>	
City Towson	State MD	Zip Code 21286		Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y  1 0 / 0 8 / 2 0 1 0 </div>	
Name of Employer 				Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) TV ad placement (ADJOURN)					
Name of Federal Candidate BRuce Braley  F94.000006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA  District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____  District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____  District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 62535.33 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 146516.63 </div>	